

General

Title

Follow-up care for children prescribed ADHD medication (continuation and maintenance [C&M] phase): percentage of patients 6 to 12 years of age as of the index prescription start date with an outpatient ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients 6 to 12 years of age as of the index prescription start date (IPSD) with an outpatient attention-deficit/hyperactivity disorder (ADHD) medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure [Follow-up care for children prescribed ADHD medication \(initiation phase\): percentage of patients 6 to 12 years of age as of the index prescription start date with an outpatient ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.](#)

Rationale

Attention deficit/hyperactivity disorder (ADHD) is one of the more common chronic conditions of childhood. Children with ADHD may experience significant functional problems, such as school difficulties; academic underachievement; troublesome relationships with family members and peers; and behavioral problems (American Academy of Pediatrics [AAP], 2000). Given the high prevalence of ADHD among school-aged children (4 to 12 percent), primary care clinicians will regularly encounter children with ADHD and should have a strategy for diagnosing and long-term management of this condition (AAP, 2001).

Practitioners can convey the efficacy of pharmacotherapy to their patients. AAP guidelines (2000) recommend that once a child is stable, an office visit every 3 to 6 months allows assessment of learning and behavior. Follow-up appointments should be made at least monthly until the child's symptoms have been stabilized.

Evidence for Rationale

American Academy of Pediatrics. Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. *Pediatrics*. 2000 May;105(5):1158-70. [60 references]

American Academy of Pediatrics. Clinical practice guideline: treatment of the school-aged child with attention-deficit/hyperactivity disorder. *Pediatrics*. 2001 Oct;108(4):1033-44. [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Primary Health Components

Attention deficit/hyperactivity disorder (ADHD); medication; follow-up care; continuation and maintenance phase

Denominator Description

Patients age 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year, with a Negative Medication History, who were dispensed an attention deficit/hyperactivity disorder (ADHD) medication during the 12-month Intake Period who remained on the medication for at least 210 days (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Identify all patients who meet the following criteria:

An outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority within 30 days after the Index Prescription Start Date (IPSD)

and

Had at least two follow-up visits from 31 to 300 days (9 months) after the IPSD with any practitioner

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Apr 8. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Accountable Care Organizations

Ambulatory/Office-based Care

Behavioral Health Care

Hospital Inpatient

Hospital Outpatient

Transition

Type of Care Coordination

Coordination across provider teams/sites

Coordination within a provider team/site

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 6 to 12 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The 12-month window starting March 1 of the year prior to the measurement year and ending February 28 of the measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients age 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year, with a Negative Medication History, who were dispensed an attention deficit/hyperactivity disorder (ADHD) medication during the 12-month Intake Period who remained on the medication for at least 210 days. Refer to Table AADD-A in the original measure documentation for a list of ADHD medications.

Note:

Intake Period: The 12-month window starting March 1 of the year prior to the measurement year and ending February 28 of the measurement year.

Index Prescription Start Date (IPSD): The earliest dispensing or prescription date for an ADHD medication within the Intake Period with a Negative Medication History.

Negative Medication History: A period of 120 days (4 months) prior to the IPSD, during which time the patient had no evidence of new or refill ADHD medications dispensed or prescribed.

Continuous Medication Treatment: The number of medication treatment days during the 10-month follow-up period must be greater than or equal to 210 days. The continuous medication treatment allows gaps in medication treatment up to a total of 90 days during the 300-day (10 month) period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Treatment Days (Covered Days): The actual number of calendar days covered with prescriptions within the specified 300-day measurement interval. Treatment days start on dispensed or prescribed date.

Patients who have multiple overlapping prescriptions should count the overlap days once toward the days supply (whether the overlap is for the same drug or for a different drug).

Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

Patients whose continuous medication treatment gap days exceed 90 during the 300-day period. Regardless of the number of gaps, the total gap days may be no more than 90. Any combination of gaps may be counted.

Exclude patients with a diagnosis of narcolepsy (Narcolepsy Value Set) anytime during their history through December 31 of the measurement year.

Exclude patients who had an acute inpatient encounter for mental health or chemical dependency during the 30 days after the IPSD. An acute inpatient encounter in combination with any of the following meet criteria:

- A principal mental health diagnosis (Mental Health Diagnosis Value Set)

- A principal diagnosis of chemical dependency (Chemical Dependency Value Set)

Note from the National Quality Measures Clearinghouse (NQMC): The eligible population identified in the continuation and maintenance (C&M) phase is a subset of the denominator of the Initiation Phase measure. See the related NQMC summary of the National Committee for Quality Assurance (NCQA) measure [Follow-up care for children prescribed ADHD medication \(initiation phase\): percentage of patients 6 to 12 years of age as of the Index Prescription Start Date with an outpatient ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.](#)

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Identify all patients who meet the following criteria:

An outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority within 30 days after the Index Prescription Start Date (IPSD). Any of the following code combinations billed by a practitioner with prescribing authority meet criteria:

- ADD Stand Alone Visits Value Set

- ADD Visits Group 1 Value Set *with* ADD POS Group 1 Value Set

- ADD Visits Group 2 Value Set *with* ADD POS Group 2 Value Set

Had at least two follow-up visits from 31 to 300 days (9 months) after the IPSD with any practitioner. One of the two visits (during days 31 to 300) may be a telephone visit (Telephone Visits Value Set) with any practitioner. Any of the following code combinations identify follow-up visits:

- ADD Stand Alone Visits Value Set

- ADD Visits Group 1 Value Set *with* ADD POS Group 1 Value Set

- ADD Visits Group 2 Value Set *with* ADD POS Group 2 Value Set

- Telephone Visits Value Set

Note: *IPSD*: The earliest dispensing or prescription date for an ADHD medication within the Intake Period with a Negative Medication History.

Exclusions

Unspecified

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Numerator Search Strategy

Episode of care

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Pharmacy data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The Accountable Care Organization (ACO) aggregate population is reported as a whole, with an option to report Medicaid separately for measures for which HEDIS Health Plan Measurement offers Medicaid

specifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Follow-up care for children prescribed ADHD medication (AADD): continuation and maintenance (C&M) phase.

Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Behavioral Health

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's

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Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Mar 6

Adaptation

This measure was adapted from the *HEDIS Technical Specifications for Health Plans* ("HEDIS Health Plan Measurement") and *HEDIS Physician Measurement*.

Date of Most Current Version in NQMC

2014 Nov

Measure Maintenance

Annual

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in November 2015.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on June 10, 2014.

This NQMC summary was updated by ECRI Institute on April 21, 2015.

The information was reaffirmed by the measure developer on November 2, 2015.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

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